

2022 ANNUAL PLANT SALE ORDER FORM
ORDER MUST BE RECEIVED BY FRIDAY, APRIL 29, 2022

Baskets:

- **10" Hanging Basket:** \$30.00 x _____ basket(s) = \$ _____

Indicate amount and color preference where applicable:

Hiemalis Begonia: ___ Fuchsia: ___ Scaevola: ___
 Nonstop Begonia: ___ Million Bells: ___ Combo: ___
 Illum Begonia: ___ Supertunia: ___ Mandevilla: ___
 Calliope Geranium: ___

- **12" Hanging Basket:** \$35.00 x _____ basket(s) = \$ _____

Indicate amount and color preference where applicable:

Million Bells: ___ Fuchsia: ___ Calliope Geranium: ___
 Supertunia: ___ Combo: ___

- **Moss Basket:** \$45.00 x _____ basket(s) = \$ _____

Floor Pots:

- **10" Floor pot – Geranium** \$25.00 x _____ basket(s) = \$ _____
- **10" Floor pot – Combo** \$25.00 x _____ basket(s) = \$ _____
- **10" Floor pot – Gerbera** \$30.00 x _____ basket(s) = \$ _____
- **12" Floor pot – Combo** \$30.00 x _____ basket(s) = \$ _____
- **14" Floor pot – Combo** \$35.00 x _____ basket(s) = \$ _____

Gift Certificates:

Available in any amount.

Total of all gift certificates: \$ _____

Please indicate the number of certificates and dollar amount(s) needed: _____

Total Purchase: \$ _____

Purchaser Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

I will pick-up my order on:

Thursday, May 5 between 1:00 pm -7:00 pm: _____

Friday, May 6 between 7:00am – 7:00 pm: _____

Payment options:

- **MCHS Employees – Payroll Deduction**

Insert Employee ID: _____

- **Check: Make payable to MCHS Foundation**

- **Credit Card – enter information from card:**

Name on card: _____

Card number: _____

Expiration Date: ___/___/___ **CSV:** _____

Signature: _____

Note: if you do not wish to provide your credit card information, you must complete your order online at www.marshfieldclinic.org/giving/plantsale.